

URGENT - DND

Work Order ID 115258

\*115258\*

~~PRELIMINARY ISSUE~~

Page 1

\*March-20-14 3:14:50 PM

Item ID: D5084-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID: PRELIM

Item Name: Radius Block

Stop

\*NS2\*

Start Date: 3/20/14

Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 4/03/14

Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan: M L S

Date: 14-03-20

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D5084

A2 A

DAS  
9  
9-89

1507.09.

100

0.00

\*100\*

Waterjet

PURCHASING

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: A2

Prog Rev: A2

2-Deburr if necessary

12

EL

14-3-20

110

QC2- Inspect parts off machine FAI/FAIB

0.00

\*110\*

QC

Memo

0.00

Quality Control

12

EL

14-3-20

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|--|--|
| Root Cause                                                   | Date | Step | Qty | Description of work order update or non-conformance                                                                                                                                | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Design <input type="checkbox"/>                              |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Handling/Pre <input type="checkbox"/>                        |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Offset/Setup <input type="checkbox"/>                        |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Transport <input type="checkbox"/>                           |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |  | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function |  | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence |  | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other<br>_____<br>_____<br>_____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Work Order ID 115258

\*115258\*

Page 3

March-20-14 3:14:50 PM

Item ID: D5084-3 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: PRELIM Stop \*NS2\*  
 Item Name: Radius Block  
 Start Date: 3/20/14 Start Qty: 8.00 \*8\* Cust Item ID:  
 Required Date: 4/03/14 Req'd Qty: 8.00 \*8\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID         | Operation<br>Description                                        | Set Up/<br>Run Hours    | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|----------------------------------------|-----------------------------------------------------------------|-------------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 140<br>*140*<br>QC<br>Quality Control  | QC7-Inspect Chemical Conversion Coat<br><br>Memo                | 0.00<br>0.00<br>14/3/21 |         |        |              | 12            |               |                  |                |
| 150<br>*150*<br>Packaging<br>Packaging | Identify as per dwg & Stock Location: <u>St 146</u><br><br>Memo | 0.00<br>0.00            |         |        |              |               |               |                  |                |
| 160<br>*160*<br>QC<br>Quality Control  | QC21- Final Inspection - Work Order Release<br><br>Memo         | 0.00<br>0.00            |         |        |              |               |               |                  |                |

Inspect as per  
Dwg P42

(12) 1507-24 DAS  
9-89

MW JUL 13 2015

ME  
14-3-21

RD5471

POSITIVE RECALL  
 EFFECTIVE 14.3.20 AUTH DAS  
 RELEASED 15.07.09 9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other<br>_____<br>_____<br>_____ |
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# Picklist Print

March-20-14 3:14:53 PM

Page 1

Work Order ID: 115258

**\*115258\***

Parent Item: D5084-3

**\*D5084-3\***

Parent Item Name: Radius Block

Start Date: 3/20/14

Required Date: 4/03/14

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 14.03.20 NEW ISSUE DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty     | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|------------------|---------------|----------------|--------|
| M6061T6S.125                    |                        | Purchased     | No          |                     |                  |                 | sf                 | 135.5330       |             | 1                |               |                |        |
| <b>*M6061T6S 125*</b>           |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   | <u>Q 14-3-20</u> |               |                |        |
| 6061-T6 .125 Sheet              |                        |               |             |                     |                  |                 |                    |                |             |                  |               |                |        |

Location

Loc Qty

Loc Code

MAT021

135.533

m127272

39.5

m127454

64.033

m127501

32

0.5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|--|--|
| Root Cause                                                   | Date | Step | Qty | Description of work order update or non-conformance                                                                                                                                | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Design                                                       |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Doc/Data                                                     |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling                                                |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Handling/Pre                                                 |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material                                                     |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator                                                     |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Offset/Setup                                                 |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process                                                      |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier                                                     |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training                                                     |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Transport                                                    |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved                                                   |      |      |     |                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

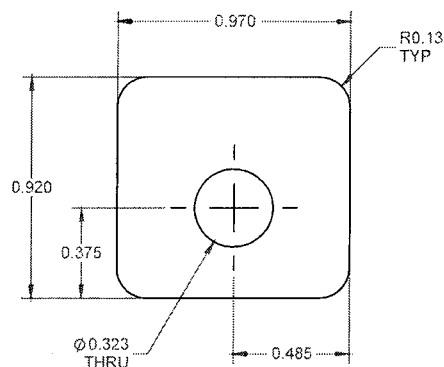
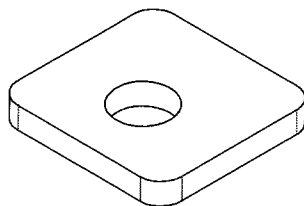
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

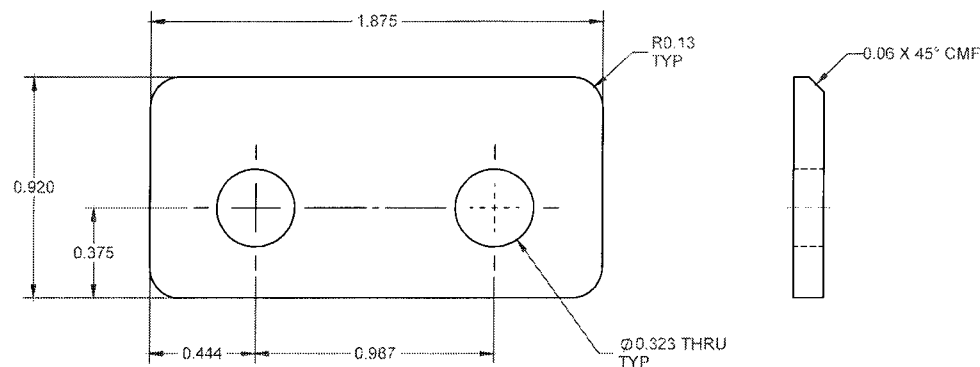
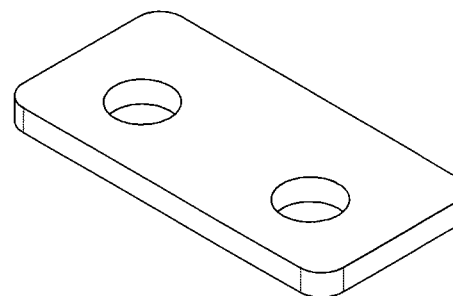
### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

8 7 6 5 4 3 2 1



**D5084-1 RADIUS BLOCK**



**D5084-3 RADIUS BLOCK**

**NOTES:**

- 1) MATERIAL: 6061-T6 ALUMINUM SHEET, 0.125 THICK  
PER QQ-A-250/11 OR AMS 4025 OR ASTM B209  
REF DART SPEC. M6061T6S.125
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D5084-X" AND B/N PER PER QSI 044 METHOD 6.7
- 7) WEIGHT -1: 0.01 lbs  
-3: 0.02 lbs

115258 MJS  
140320

PRELIMINARY ISSUE

|            |  |             |  |                                                                                                                                                                                                                                                                                |  |              |  |
|------------|--|-------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|
| A          |  | PRELIMINARY |  | AJS                                                                                                                                                                                                                                                                            |  | 14.03.20     |  |
| REV.       |  | DESCRIPTION |  | BY                                                                                                                                                                                                                                                                             |  | DATE         |  |
| DESIGN     |  | AJS         |  | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                              |  |              |  |
| DRAWN      |  | AJS         |  |                                                                                                                                                                                                                                                                                |  |              |  |
| CHECKED    |  | AP          |  | DRAWING NO.                                                                                                                                                                                                                                                                    |  | REV. A       |  |
| MFG. APPR. |  | DD          |  | D5084                                                                                                                                                                                                                                                                          |  | SHEET 1 OF 1 |  |
| APPROVED   |  |             |  | TITLE                                                                                                                                                                                                                                                                          |  | SCALE        |  |
| DE APPR.   |  |             |  | RADIUS BLOCK                                                                                                                                                                                                                                                                   |  | NT           |  |
| DATE       |  | 14.03.20    |  | COPYRIGHT © 2014 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESSED CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION FROM DART AEROSPACE LTD. |  |              |  |

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8 7 6 5 4 3 2 1

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
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| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Receiving Report

Date: 13/11/12

Batch No: M127459

Supplier: CAMP

Dart P/O: 21996

Packing Slip: Yes ☒ No ☐  
 Invoice: Yes ☐ No ☒  
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐  
 Waybill Attached: Yes ☐ No ☒ N/A ☐  
 Shipment Complete: Yes ☒ No ☐ N/A ☐  
 QC6 Inspection 13/11/12 N/A ☐  
 Work Order ☐ N/A ☒

## Discrepancies

| Part Number | Description    | Quantity Ordered | Quantity Received | Quantity Returned | Quantity Short | Comments |
|-------------|----------------|------------------|-------------------|-------------------|----------------|----------|
| M17430      | 25x4.0         | 36               | ✓                 | ✓                 | 36             |          |
| M3473       | 315x0300       | 12               | ✓                 | ✓                 | 12             |          |
| M6061       | 76B2.00x0.1200 | 12               | ✓                 | ✓                 | 12             |          |

J05-125

Production/Admin:

Date

Received/Costing

Initial

13/11/12  
[Signature]

Initials of receiver (if shipment OK) Level 12

96 64 ✓ 32

Location

## Page 1 of 1

All amounts are calculated in domestic currency.

Grouped by Vendor ID

[illegible]

No 002672802



PAGE 2 DE/OF 4

TRANSPORTEUR/CARRIER NAME  
P/Ū - CAMPICAMION/TRUCK  
495

NOM DE LA BRANCHE/SALES BRANCH NAME

DATE D'EXPÉDITION/DATE OF SHIPMENT  
4/10/13

VENDU À/SOLD TO:

ACIER CAMPI INC  
ATT : MARYSE DESAULNIERS  
935 BOUL. DU HAVRE  
SALABERRY-DE-VALLEYFIELD  
QC  
J6S5L1

EXPÉDIÉ À/SHIP TO: FAB:

1 (450) 377-4248

6S5L1

CA

(201501-00004)

N° COMMANDE  
N° ITEM  
101723-04

DESCRIPTION ET POIDS/DESCRIPTION AND WEIGHT

#Comm du client: 55376

10 PCS COLD FINISHED ROUND C12L14

1/2"x12"

BLACK

#Pièce 12L14X1/2

Description

#Étiq mln

PCS

Pieds

Qté

#PLT

#Étiq

VendeurOrg

Étiq.orig#Coul

80 LVR

Total: 10 120.000 80  
10 120.000 80

Cert/Test:

10 x 12"

101723-05

#Comm du client: 55376

3 PCS ALUM FLAT 6061-T6511

1.2500"x2"x12"

#Pièce ALUM FLAT 6061-T6511

Description

#Étiq mln

# levée

36.000

108

Cert/Test:

108 LVR

Total: 3 36.000 108  
3 36.000 108

Étiq.orig#Coul

R550396 HK115319

101723-06

#Comm du client: 55376

1 PCS HOT ROLLED RD 4140ANN ALLOY

2"x20"

SILVER /RED

#Pièce 4140ANNX2

Description

#Étiq mln

# levée

20.000

190

#PLT

#Étiq

VendeurOrg

Étiq.orig#Coul

??

Total:

1

20.000

190

R633935 122396

PRÉPAYÉ PAR  
CHARGES

PORTPAYÉ/PREPAID

PORT/DU COLLECT

INST. VOITURIER/DRIVER INSTRUCTIONS

EXPÉDITEUR/DISPATCHER

VOITURIER/DRIVER

VALEUR (62.000/lb pour moins d'avis contraire)  
VALUATION (Max 62.000/lb unless otherwise stated)  
Valeur déclarée de l'expédition  
DECLARED VALUE OF SHIPMENT  
REÇU PAR/RECEIVED BY

3. DEPT. RÉCEPTION DU CLIENT

(CE CONNaissement DOIT ÊTRE SIGNÉ PAR LE VOITURIER/DRIVER)



935, boul. du Havre  
Valleyfield, Québec  
J6S 5L1

Valleyfield  
Tél.: 450 377-4248  
Fax : 450 377-5696

Montréal  
Tél.: 514 336-4248  
Fax : 514 336-4246  
Ontario  
Tél.: 1 800 667-4248  
Fax : 1 866 456-4242

VENDU À / SOLD TO :

613-632-5200

613-632-1053

EXPÉDIEZ À / SHIP TO :

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
K6A 1K7

EQUIP: LIFT

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
K6A 1K7

COMMANDE  
ORDER

N° 223795

DATE

08/11/13

BON DE LIVRAISON  
PACKING SLIP

N°

DATE DE LIVRAISON  
DELIVERY DATE

12/11/13

| VOTRE N° DE COMMANDE / YOUR P.O. N° | VEND./SALES M. | CODE CLIENT / CUST. CODE | EXPÉDIER PAR / SHIP VIA | TERMES / TERMS | TERR. | REMARQUES / REMARKS | PAGE N° |
|-------------------------------------|----------------|--------------------------|-------------------------|----------------|-------|---------------------|---------|
| P021996                             | V              | DAER                     | 12345                   | NET 30 JOURS   | 2R    |                     | 001     |

| CODE DE PRODUIT<br>PRODUCT CODE | COMMANDE<br>ORDERED | EXPÉDIE<br>SHIPPED | DESCRIPTION                                                            | POIDS<br>WEIGHT | PRIX<br>PRICE | PAR<br>PER * | MONTANT<br>AMOUNT |
|---------------------------------|---------------------|--------------------|------------------------------------------------------------------------|-----------------|---------------|--------------|-------------------|
|                                 |                     |                    | MILL TEST REQUIS                                                       |                 |               |              |                   |
| PSS48200                        | 10                  |                    | S.S. 304 2B 20 JA 48 X 96<br>10 X 41 X 8"<br>HEAT: J6E9<br>SUR PALETTE | 490.00          |               |              |                   |
| PAL48186061                     | 3                   |                    | AL. 6061 T6 SHEET. 125 48 X 96<br>3 X 41 X 8"<br>HEAT: 8937261         | 171.00          |               |              |                   |
|                                 |                     |                    |                                                                        |                 |               |              |                   |
|                                 |                     |                    |                                                                        |                 |               |              |                   |
|                                 |                     |                    |                                                                        |                 |               |              |                   |
|                                 |                     |                    |                                                                        |                 |               |              |                   |
|                                 |                     |                    |                                                                        |                 |               |              |                   |

Unités de mesure : CLB Cent (100) livres / Units of measure : CPI Cent (100) pounds / UN Unit / PI Pieds / PC Pied carré / Square foot

POIDS TOTAL 661  
TOTAL WEIGHT

CONDITIONS :

LES MATÉRIAUX LIVRÉS ET FACTURÉS TELS QUE DÉCRITS DEMEURENT LA PROPRIÉTÉ DE «ACIER CAMP I INC.» JUSQU'À PARFAIT PAIEMENT COMPLET ENBASSÉ. LES RISQUES DE PERTE DU BIEN SONT À LA CHARGE DE L'ACHETEUR. LA GARANTIE DE QUALITÉ DU MATÉRIEL EST LA MÊME QUE CELLE DU FABRICANT. L'ACHETEUR S'ENGAGE À RESPECTER LES CONDITIONS SUIVANTES : NET 30 JOURS DE LA DATE DE FACTURATION, ET TOUT COMPTES EN AVANCE DAPRÈS LES 30 JOURS ENTRAÎNE DES FRAIS DE 2% PAR MOIS (24% PAR ANNÉE) OÙ IL ACCEPTE DE PAYER. TOUT DÉFAUT D'EXÉCUTION L'UNE OU L'AUTRE DES OBLIGATIONS EN VERTU DU PRÉSENT CONTRAT ENTRAÎNE LA DÉCHÉANCE DU TERME ET PERMET AU VENDEUR, À SON CHOIX, DE RÉCLAMER TOUT SOLDE DU PRIX DE VENTE DU BIEN VENDU. TOUTE RÉCLAMATION DOIT ÊTRE FAITE DANS LES CINQ JOURS SUR PRÉSENTATION DE CE DOCUMENT. TOUTE MARCHANDISE ENDOMMAGÉE, ALTÉRÉE OU COUPÉE NE PEUT ÊTRE REPRISE. AUCUN RETOUR DE MARCHANDISE NE SERA ACCEPTÉ SANS NOTRE AUTORISATION. TOUTE MARCHANDISE RETOURNÉE EST SUJETTE À DES FRAIS DE MANUTENTION DE 25%.

CONDITIONS :

ALL SOLD AND DELIVERED MATERIALS REMAIN THE PROPERTY OF «ACIER CAMP I INC.» UNTIL PAYMENT IS MADE FULL, COMPLETE AND CASHED. ALL LOST MATERIALS ARE AT THE BUYER'S EXPENSE. ALL MATERIALS BEAR THE SAME WARRANTY AS GIVEN BY THE MANUFACTURER. THE BUYER HEREBY ACCEPTS TO RESPECT THE FOLLOWING CONDITIONS: NET 30 DAYS FROM BILLING DATE AND THE BUYER ACCEPTS TO PAY ADMINISTRATION CHARGES OF 2% PER MONTH OR 24% PER ANNUM ON ALL PAST DUE ACCOUNTS OVER 30 DAYS. ANY DEFAULT IN RESPECT WITH THIS CONTRACT WILL LEAD TO PAYMENT BY ACCELERATION AND PERMITS TO THE SELLER, AT HIS CHOICE TO CLAIM FOR THE BALANCE DUE OR THE REPOSSESSION OF THE GOODS SOLD. ANY CLAIM MUST BE MADE WITHIN FIVE DAYS WITH THIS DOCUMENT ENCLOSED. ANY MERCHANDISE THAT HAS BEEN DAMAGED, CUT OR MODIFIED CANNOT BE RETURNED. ALL GOODS RETURNED MUST BE WITH OUR AUTHORIZATION AND ARE SUBJECT TO A 25% RESTOCKING CHARGE.

SOUS-TOTAL  
SUB TOTAL

T.P.S.  
G.S.T.

T.V.Q. / T.V.H.  
G.S.T. / H.S.T.

TOTAL

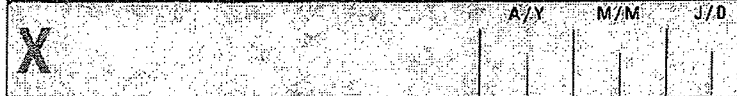
PRÉPARE PAR / PREPARED BY

VÉRIFIÉ PAR / VERIFIED BY

LIVRÉ PAR / DELIVERED BY

HEURE / TIME

MARCHANDISE RECUE EN BONNE CONDITION / MERCHANDISE RECEIVED IN GOOD CONDITION



SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE

DATE

N° ENR. TPS / GST REG. N° R 135 534 717

N° ENR. TVQ / QST REG. N° 1 015 668 543

SCRIPTO-1071





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO21996

Purchase Order Date 11/8/2013

PO Print Date 11/8/2013

Page Number 3 of 4

**Order From :**

VC-CAM002

**Ship To :** DART AEROSPACE LTD

CAMPI STEEL  
935 BOUL. DU HAVRE  
VALLEYFIELD, QC J6S 5L1  
CA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 800 667 4248

**Ship To Contact**

**Ship To Phone**

**Ship Via:** Yours ppd

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

**Line Total:** \$135.90

6 M6061T6B2.000X01.250 6061-T6 Bar 2.00 x 1.25 11/19/2013 12.00 \$7.58 \$90.96  
Yes  
11/19/2013

AS ABOVE

**Line Total:** \$90.96

7 M6061T6S.125 6061-T6 .125 Sheet 11/19/2013 96.00 \$6.07 \$583.16  
Yes  
11/19/2013

MATERIAL: 6061-T6/T62 ALUMINUM SHEET  
AS PER QQ-A-250/11 OR AMS-QQ-A-250/11 OR AMS 4025  
OR AMS 4027 OR ASTM B209

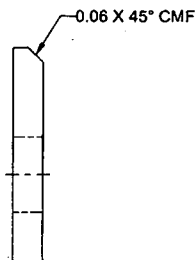
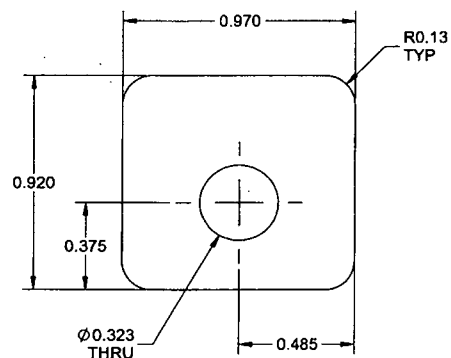
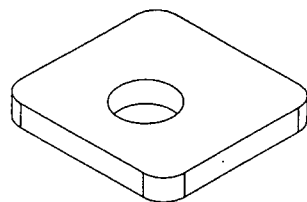
**Line Total:** \$583.16

8 M304S20GA 304/316 .040 Sheet 11/13/2013 320.00 \$3.38 \$1,082.66  
Yes  
11/13/2013

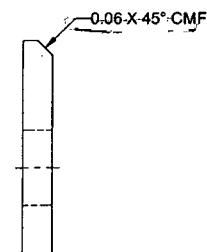
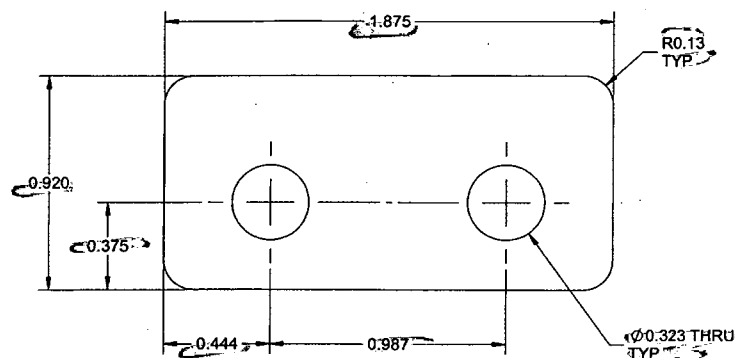
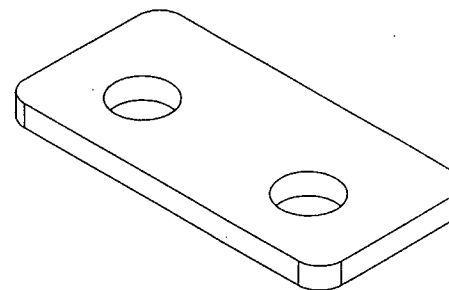
MATERIAL: 304/316 AISI 304/316 SS SHEET ANNEALED  
AS PER MIL-S-5059 OR AMS 5513 (304) OR AMS 5524 (316)  
OR ASTM A240 OR ASME SA240

**Note:**

11/8/2013



**D5084-1 RADIUS BLOCK**



**D5084-3 RADIUS BLOCK**

**RELEASED**  
2014-04-15

**NOTES:**

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SHEET ANNEALED 2B FINISH, 11 GAUGE (0.125 THICK) PER AMS 5513 (304) OR 5524 (316) OR ASTM A240 OR ASME SA240 REF. DART SPEC. M304S11GA
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D5084-X" AND B/N PER PER QSI 044 METHOD 6.7
- 7) WEIGHT -1: 0.01 lbs  
-3: 0.02 lbs

APPROVED

|             |             |                                                                                                                                                                                                                                                                 |              |
|-------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A NEW ISSUE |             | AJS                                                                                                                                                                                                                                                             | 14.04.08     |
| REV.        | DESCRIPTION |                                                                                                                                                                                                                                                                 | BY DATE      |
| DESIGN      | AJS         | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                        |              |
| DRAWN       | AJS         |                                                                                                                                                                                                                                                                 |              |
| CHECKED     | AP          | DRAWING NO.                                                                                                                                                                                                                                                     | REV. A       |
| MFG. APPR.  | JLM         | <b>D5084</b>                                                                                                                                                                                                                                                    | SHEET 1 OF 1 |
| APPROVED    | MP          | TITLE                                                                                                                                                                                                                                                           | SCALE        |
| DE APPR.    | DS          | <b>RADIUS BLOCK</b>                                                                                                                                                                                                                                             | NTS          |
| DATE        | 14.04.08    | COPYRIGHT © 2014 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |